



County of San Diego, Planning & Development Services

**DISCRETIONARY PERMIT APPLICATION**  
FOR DETERMINATIONS OF PUBLIC CONVENIENCE OR NECESSITY FOR  
ALCOHOLIC BEVERAGE LICENSE APPLICATIONS  
**ZONING DIVISION**

**RECORD ID(S):** \_\_\_\_\_

	Planning	LD Review Teams	DEH	Trails Review	Other
<b>Fees</b>	_____ +	_____ +	_____ +	_____ +	_____
<b>Deposits</b>	_____ +	_____ +	_____ +	_____ +	_____

**TOTAL FEES AND INITIAL DEPOSIT: \$** \_\_\_\_\_

**OWNER'S NAME** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**PREMISE ADDRESS:** \_\_\_\_\_

**PREMISE PHONE:** \_\_\_\_\_

1. Premise Assessor's Parcel Number: \_\_\_\_\_

2. Premise Census Tract: \_\_\_\_\_

3. ABC License Type: \_\_\_\_\_

4. Type of Business (bar, mini-mart, gas station, etc.):  
\_\_\_\_\_

5. Describe uses/activities that will be included as part of the business:  
\_\_\_\_\_

6. New or existing business? \_\_\_\_\_ *If in an existing building, provide an exterior photo.*

7. Previous ABC licenses at this address? \_\_\_\_\_  
\_\_\_\_\_

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<http://www.sdcountry.ca.gov/pds>



8. Have you had previous licenses at other sites? \_\_\_\_\_  
Where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Number of other retail outlets (stores, bars, restaurants, etc.) selling alcohol within a 1,000 foot radius of proposed site? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Location of nearest dwelling units within 1,000 feet:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Location and names of schools within 1,000 feet:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Location and names of playgrounds, youth facilities or day care facilities within 1,000 feet:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S STATEMENT**

Attach a statement or explain below why Public Convenience or Necessity would be served by the issuance of this proposed alcoholic beverage license.

**Signature of Owner / Authorized Agent**  
*(Attach a Letter of Authorization for any Agent)*

**Date**

**FOR DEPARTMENT USE ONLY**

Thomas Guide Map Page No.: \_\_\_\_\_ Community Plan Area: \_\_\_\_\_

Planning/ Sponsor Group: \_\_\_\_\_ Supervisor District: \_\_\_\_\_

Use Regulations at the site:

Is the proposed use permitted by the Use Regulations applying to the site? \_\_\_\_\_

Unresolved Health or Building Code violations of record at the site? \_\_\_\_\_

Technician's Comments: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_